

PREA Facility Audit Report: Final

Name of Facility: Dismas Charities Louisville St. Patrick Facility

Facility Type: Community Confinement

Date Interim Report Submitted: 04/29/2021

Date Final Report Submitted: 06/01/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Chris Sweney	Date of Signature: 06/01/2021

AUDITOR INFORMATION	
Auditor name:	Sweney, Chris
Email:	csweney.prea@gmail.com
Start Date of On-Site Audit:	03/16/2021
End Date of On-Site Audit:	03/17/2021

FACILITY INFORMATION	
Facility name:	Dismas Charities Louisville St. Patrick Facility
Facility physical address:	1301 W Market Street, Louisville , Kentucky - 40203
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Ellen Worley
Email Address:	eworley@dismas.com
Telephone Number:	502-587-0356

Facility Director	
Name:	Ellen Worley
Email Address:	eworley@dismas.com
Telephone Number:	502-587-0356

Facility PREA Compliance Manager	
Name:	Ellen Worley
Email Address:	eworley@dismas.com
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	(Redacted)
Current population of facility:	(Redacted)
Average daily population for the past 12 months:	(Redacted)
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	19-82
Facility security levels/resident custody levels:	Community custody
Number of staff currently employed at the facility who may have contact with residents:	(Redacted)
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	(Redacted)
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Dismas Charities, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	2500 South Seventh Street, Louisville, Kentucky - 40208
Mailing Address:	
Telephone number:	502 636-2033

Agency Chief Executive Officer Information:	
Name:	Jan Kempf, EVP, COO
Email Address:	jkempf@dismas.com
Telephone Number:	(502) 636-2033

Agency-Wide PREA Coordinator Information			
Name:	Joseph Theriot	Email Address:	jtheriot@dismas.com

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

On March 16th - 17th 2021 an audit of the Dismas Charities Inc., St. Patrick Facility was conducted by Chris Sweney a U.S. Department of Justice Certified PREA Auditor. The audit began with the notification of the on-site audit being posted six weeks prior to the date of the on-site visit. This was the St. Patrick Facility's third PREA audit; their last audit was finalized 03/13/2018. The notices provided to the facility were posted and verified by photographs received from the Agency PREA Coordinator and were seen during the facility tour. The audit notices explained how to confidentially contact the auditor prior to, during and after the on-site visit. Throughout the entire audit process, the auditor did not receive any communication from staff, residents or the public as outlined in the posted notices. An entrance meeting was held with the Facility Director. The on-site audit was discussed, and a roster of residents and staff was provided to the auditor. Following the entrance meeting a tour of the facility was led by the Facility Director. All areas of the facility were viewed including administration areas. PREA related posters, including outside reporting information and how to access outside support services were posted in common and resident living areas. Additionally, informational pamphlets regarding PREA and crisis services are given out during the intake and orientation process for each resident upon arrival at the facility. Emergency medical services are provided at University of Louisville Hospital including SAFE/SANE. Forensic examinations would be conducted at no cost to the resident and/or to their family.

Staff interviews were conducted with the Regional Vice President, Agency PREA Coordinator, Facility Director/PREA Compliance Manager, Incident Review Team, Facility PREA Investigator, KYDOCS PREA Investigator (phone interview), designated staff member responsible for monitoring retaliation, Assistant Facility Director, Counselors - interviewed as a random sample of staff and as staff that conducts intake process which includes orientation including PREA, and Resident Monitors. A total of twelve (12) formal staff interviews were conducted.

Following staff interviews the Facility Director provided a roster of all residents housed at the St. Patrick Facility. The current population of 33 residents was lower than normal due to Covid related restrictions. During the audit there were no residents that had identified themselves as being gay, physically or cognitively disabled, or had made a report of a sexual abuse, there were no transgender or intersex residents, or residents that were limited English proficient. A total of fourteen (14) formal resident interviews were conducted.

During the past 12 months, there have been four (4) administrative investigations of sexual harassment and/or sexual abuse; two (2) were determined to be unfounded and two (2) were determined to be unsubstantiated. None of the residents that made allegations were at the facility during the on-site visit. Documentation and staff interviews confirmed that all allegations of sexual harassment and/or sexual abuse are referred immediately for investigation. The agency with authority to conduct criminal investigations is KY DOC (Kentucky Department of Corrections) and may include Louisville Metro Police Department or the Kentucky State Police depending on the nature and severity of the allegation. Mental health services can be provided locally by The Center for Women and Families and/or Centerstone when

needed.

The residents interviewed reported that they had been located in other correctional facilities before coming to the St. Patrick Facility and had reportedly knew of PREA and felt good regarding the St. Patrick Facility's intake and orientation to the program, PREA education, and the safety and security of this facility.

Documentation, staff and resident interviews confirmed that all residents do receive information on PREA and their right to be free from sexual abuse and harassment. Documentation, staff and resident interviews confirmed that all residents be assessed for risk of being sexually victimized and/or abusive and the facility uses this information to keep resident's safe. After residents are admitted into the facility they are provided additional information regarding sexual abuse and harassment by their assigned Counselor. Residents who have experienced trauma, abuse, or victimization or upon request are provided additional services as needed.

An exit meeting was held with the Facility Director/PREA Compliance Manager and Agency PREA Coordinator where the auditor gave an overview of the audit and steps going forward.

Following the onsite review, the auditor utilized the Auditor Compliance Tool for Community Confinement as a guide in determining compliance with each standard.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Dismas Charities, St. Patrick Facility is a (Redacted) bed community confinement facility (halfway house) for men located at 1301 W. Market Street, Louisville, KY. Dismas Charities, Inc. St. Patrick operates under a contract with the KY DOC (Kentucky Department of Corrections). The main building, which is a converted catholic church with (Redacted) open dorms located on 3 levels connected by an open stairway in the old sanctuary of the main church. On the main level there is a recreation and dining area. All restrooms have showers with curtains and toilet stalls with doors. There is also a laundry area, conference room and administrative offices. The facility has an adjacent apartment building that has multiple occupancy resident housing units. Adequate camera coverage was observed in the Central Monitoring Office (CMO). . During the on-site audit the St. Patrick Facility housed (Redacted) male residents. The Dismas Charities, St. Patrick Facility currently employs (Redacted) full-time staff; there are no volunteers/vendors who currently have contact with the residents. Everyone who enters the facility must identify themselves at the Central Monitoring Office (CMO). Residents are subjected to a pat-down search, hand-held metal detectors are available to staff as needed. The Central Monitoring Office (CMO) has video camera monitor that allow video monitoring from all internal and external cameras. Cameras are strategically placed and monitored. The staff in the CMO provide 24/7 monitoring of the camera system. Administrative areas are secure and residents are not allowed access without supervision.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	2
Number of standards met:	39
Number of standards not met:	0

Exceeds Standards:

115.231: Employee training

115.241 Screening for risk of victimization and abusiveness

Meets Standard:

115.212 Contracting with other entities for the confinement of residents

115.213 Supervision and monitoring

115.214 Reserved

115.215 Limits to cross-gender viewing and searches

115.216 Residents with disabilities and residents who are limited English proficient

115.217

Corrective Action:

During the on-site visit it was discovered that Dismas Charities does not ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions nor does Dismas Charities employees about previous misconduct described in paragraph (a) of this section in as part of reviews of current employees. This was discussed with the Agency PREA Coordinator and solutions are being explored. Examples were provided by the auditor for consideration.

Update: As of 6/1/2021 Dismas Charities has updated their policy and provided training to staff regarding the hiring process. Dismas Charities now asks all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a). Documentation is maintained in the employee's file.

115.218 Upgrades to facilities and technologies

115.221 Evidence protocol and forensic medical examinations

115.222 Policies to ensure referrals of allegations for investigations

115.232 Volunteer and contractor training

115.234 Specialized training: Investigations

115.235 Specialized training: Medical and mental health care

115.241 Screening for risk of victimization and abusiveness

115.242 Use of screening information

115.243 Reserved

115.251 Resident reporting

115.252 Exhaustion of administrative remedies

115.253 Resident access to outside confidential support services

115.254 Third-party reporting

115.261 Staff and agency reporting duties

115.262 Agency protection duties

115.263 Reporting to other confinement facilities

115.264 Staff first responder duties

115.265 Coordinated response

115.266 Preservation of ability to protect residents from contact with abusers

115.267 Agency protection against retaliation

115.271 Criminal and administrative agency investigations

115.272 Evidentiary standard for administrative investigations

115.273 Reporting to residents

115.277 Corrective action for contractors and volunteers

115.276 Disciplinary sanctions for staff.

115.278 Disciplinary sanctions for residents

115.282 Access to emergency medical and mental health services

115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

115.286 Sexual abuse incident reviews

115.287 Data collection

115.288 Data review for corrective action

115.289 Data storage, publication, and destruction

115.401 Frequency and scope of audits

115.403 Audit contents and findings

Standards

Auditor Overall Determination Definitions

- **Exceeds Standard**
(Substantially exceeds requirement of standard)
- **Meets Standard**
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- **Does Not Meet Standard**
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with this standard:</p> <p>DISMAS Charities Policy #24.1 - SEXUAL ABUSE/HARASSMENT/MISCONDUCT PREVENTION INTERVENTION</p> <p>DISMAS Charities Organizational Chart</p> <p>DISMAS Charities Portland Facility Organizational Chart</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Dismas Charities Agency Wide PREA Coordinator Interview 2. St. Patrick Facility Director/PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> (a) Dismas Charities, Inc. has an agency wide operating policy (#24.1 - SEXUAL ABUSE/HARASSMENT/MISCONDUCT PREVENTION INTERVENTION) mandating zero tolerance relating to sexual assault, sexual abuse and sexual harassment. (b) Dismas Charities policy discusses their approach to training employees, volunteers and contractors preventing, detecting, and responding to sexual assault, sexual abuse and sexual harassment and addresses the staff's duty to report. (c) Dismas Charities Inc. has a designated agency wide PREA Coordinator who reports to Dismas Charities Executive Vice President/COO. Under the agency wide PREA Coordinator each facility has a Facility Director/PREA Compliance Manager that is responsible PREA Compliance at the facility level. Lines of communication between the PREA Compliance Manager, PREA Coordinator and Executive Vice President appear to be open. Dismas Charities Agency PREA Coordinator reported during his interview that he has sufficient time to develop, implement and oversee the facilities efforts to comply with PREA standards. (d) Dismas Charities operates thirty-six (36) facilities across several states. Each facility has a designated PREA Compliance Manager who reports to both their Regional Vice President and the Agency PREA Coordinator. The St. Patrick Facility's Facility Director is also the designated PREA Compliance Manager. The St. Patrick Facility's Facility Director/PREA Compliance Director reported during her interview that she has sufficient time to develop, implement and oversee the facilities efforts to comply with PREA standards. <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities, Inc. - St. Patrick is a private not for profit halfway house which contracts with the Kentucky Department of Corrections for state inmates/residents. Dismas Charities, Inc. - St. Patrick does not contract out for the confinement of its residents.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities, Inc. PERSONNEL policy STAFFING PATTERN Procedure 2.A 2. Dismas Charities, Inc. PERSONNEL policy EMPLOYEE ORIENTATION Procedure 2.3 3. St. Patrick Facility staffing schedule 4. St. Patrick Facility floor plans 5. Dismas Charities, Inc. - St. Patrick Facility Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Dismas Charities Agency Wide PREA Coordinator Interview 2. St. Patrick Facility Director/PREA Compliance Manager <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Dismas Charities, Inc. St. Patrick Facility has a staffing plan which accounts for generally accepted practices; The St. Patrick Facility follows applicable regulations and standards to determine staffing levels. All components of the facility’s physical plant, video monitoring system, composition of the resident population and placement of supervisory staff are also considered. Staffing requirements are assessed annually and adjustments are made if necessary. Any changes to the St. Patrick Facility's staffing levels must be approved by Dismas Charities Executive staff. Documentation, interviews with staff and residents and the facility tour indicates adequate staffing levels. Although the Portland facility reported no deviations from their staffing plan, Dismas Charities policy requires the Facility Director to documented and reported an deviation to Dismas Charities Executive staff.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities, Inc. - St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities, Inc. PROGRAMS Searches and Contraband Procedure 2. Dismas Charities, Inc. SEARCHES AND CONTRABAND 3. Dismas Charities, Inc. SECURITY AND ACCOUNTABILITY Searches and Contraband Procedure 11.D 4. Dismas Charities, Inc. PERSONNEL policy EMPLOYEE ORIENTATION Procedure 2.3 5. Dismas Charities, Inc. Initial Employee Orientation Checklist 6. Dismas Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention TRAINING Procedure 24.2 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Dismas Charities Agency Wide PREA Coordinator Interview 2. Portland Facility Director/PREA Compliance Manager 3. Resident Monitor Interviews 4. Food Service Supervisor 5. Random Resident Interviews <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>The Dismas Charities St. Patrick Facility does no “opposite sex” pat searches or strip searches no bodycavity searches. Staff are trained in various searches and search techniques. Dismas Charities policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. This was confirmed during staff interviews.</p> <p>None of the cameras included toilet or shower areas. All toilets have doors on stalls and all showers have curtains. Both the review of policies and interviews with staff and residents confirmed that opposite gender staff announce their presence when entering into dorms and restrooms. Staff and resident interviews confirmed that this is a common practice. All residents reported being able to use the restroom, take a shower and change clothing with privacy from staff and other residents.</p>

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Dismas Charities Inc. St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention TRAINING Procedure 24.2 2. Dismas Charities, Inc. Initial PREA Screening Questionnaire (in English and in Spanish) 3. PREA Informational Posters and Brochures (English and Spanish) posted and displayed for resident and staff access in the facility <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Resident Monitor Interviews 3. Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>Dismas Charities and the St. Patrick Facility both takes steps and have policies which ensures residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The St. Patrick Facility provides residents an orientation and handouts which are available in English and Spanish. Additionally, the facility has bilingual staff and their PREA posters and pamphlets are available in English and Spanish. During the onsite portion of the audit the St. Patrick Facility had one resident who was physically disabled, who reported no issues related to PREA or access to areas of the facility. Staff and resident interviews verified no other disabled residents or residents who did not speak English.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.217	Hiring and promotion decisions
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 518 280">Auditor Discussion</p> <p data-bbox="252 324 1460 403">Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="252 436 1348 593" style="list-style-type: none"> <li data-bbox="252 436 1348 515">1. Dismas Charities, Inc. PERSONNEL policy EMPLOYEE BACKGROUND CHECKS Procedure 2.4 <li data-bbox="252 548 1141 593">2. Dismas Charities, Inc. POLICY MANUAL-PERSONNEL Page #20 <p data-bbox="252 627 406 660">Interviews:</p> <ol data-bbox="252 705 885 817" style="list-style-type: none"> <li data-bbox="252 705 885 739">1. Facility Director/PREA Coordinator Interview <li data-bbox="252 772 774 817">2. Agency PREA Coordinator Interview <p data-bbox="252 851 614 884">Site Review Observations:</p> <ol data-bbox="252 918 1476 2128" style="list-style-type: none"> <li data-bbox="252 918 1476 2128">1. Observations during on-site review of physical plant <ul data-bbox="252 996 1476 2128" style="list-style-type: none"> <li data-bbox="252 996 1476 1243">(a) Dismas Charities Inc. requires background investigations for all new hires as well as for staff being considered for a promotion. Dismas Charities Policy #2.1 PERSONNEL Employee Background Checks states: "Prior to hiring a person, the Director or designee must complete reference checks on past employers, obtain education verification, and obtain a background check from the Kentucky Office of the Courts. If a Federal contract is involved, the Director must get an NCIC/NLETS clearance from the BOP." <li data-bbox="252 1288 1476 1400">(b) Dismas Charities policy indicates that: "Any incidents of sexual harassment will be taken into consideration when determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with residents." <li data-bbox="252 1444 1476 1736">(c) Dismas Charities policy states: "Employment reference checks will be conducted not only for outside applicants but for internal applicants as well in order to verify current work records. The hiring manager shall request a review of the employee's personnel file, as well as a review of supervisory counseling, formal and informal, for this purpose." This includes efforts to contact any prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. <li data-bbox="252 1780 1476 1848">(d) Dismas Charities policy requires a criminal background records check before enlisting the services of any contractor who may have contact with residents <li data-bbox="252 1892 1476 1960">(e) Dismas Charities policy requires criminal background records checks every five years of current employees and each year for contractors who may have contact with residents. <li data-bbox="252 2004 1476 2128">(f) During the on-site visit it was discovered that Dismas Charities does not ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications

or interviews for hiring or promotions nor does Dismas Charities employees about previous misconduct described in paragraph (a) of this section in as part of reviews of current employees.

(g) Dismas Charities policy states “Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.”

Dismas Charities provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Corrective Action:

During the on-site visit it was discovered that Dismas Charities does not ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions nor does Dismas Charities employees about previous misconduct described in paragraph (a) of this section in as part of reviews of current employees. This was discussed with the Agency PREA Coordinator and solutions are being explored. Examples were provided by the auditor for consideration.

Update: As of 6/1/2021 Dismas Charities has updated their policy and provided training to staff regarding the hiring process. Dismas Charities now asks all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a). Documentation is maintained in the employee's file.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities, Inc. St. Patrick Pre-Audit Questionnaire 2. Portland Facility Diagrams 3. Facility Tour <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency Wide PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> (a) Dismas Charities policy requires the consideration of any new design, acquisition, expansion, or modification on the agency’s ability to protect residents from sexual abuse. During this Audit Period, The St. Patrick Facility has not designed or acquired any new facility or expanded the existing facility since their last audit. (b) Protection of residents from sexual abuse through the installation of electronic surveillance and other technology is continuously evaluated. During this Audit Period, The St. Patrick Facility has not added any new electronic surveillance equipment since their last audit in 2017 <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Inc., St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities, Inc./St. Patrick Pre-Audit Questionnaire 2. Letter from Kentucky State Police 3. Kentucky Department of Corrections Memorandum of Understanding <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator 3. Assistant Director 4. Resident Monitors 5. Kentucky Department of Corrections Investigator (Phone Interview) <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant:</p> <p>(a) Dismas Charities is responsible for administrative investigations, all investigations which may result in criminal charges are reported to the Kentucky Department of Corrections (KDOC), both follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. Random staff interviews confirm staff are trained and understand their responsibilities to preserve, collect and properly handle evidence.</p> <p>(b) Dismas Charities St. Patrick Facility is an adult only facility.</p> <p>(c) Dismas Charities St. Patrick Facility offers all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Interviews with the Facility Director/PREA Compliance Manager confirmed that all victims of sexual abuse are offered forensic examinations. Forensic medical examinations are completed at th University of Louisville Hospital by qualified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).</p> <p>(d) Dismas Charities has an agreement with The Center for Women and Families to provide the victim with a victim advocate.</p> <p>(e) Interviews conducted with the Facility Director/PREA Compliance Manager reiterated that as requested by the victim, victim advocate, agency staff member, or community-based organization the victim will receive support through the forensic medical examination process and investigatory interviews. The victim advocate may also provide on-going emotional</p>

support, crisis intervention, and referrals for other services

(f) Dismas Charities is responsible for administrative investigations, all investigations which may result in criminal charges are reported to the Kentucky Department of Corrections (KDOC).

(g) The auditor is not required to audit this provision

(h) This provision is Not Applicable; Dismas Charities St. Patrick Facility refers these services to The Center for Women and Families for access to a victim advocate.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Inc., St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities, Inc., St. Patrick Pre-Audit Questionnaire 2. Kentucky Department of Corrections PREA Reporting Protocol Community Confinement Facilities 3. SEXUAL OFFENSE ALLEGATION REPORTING FORMS-CCP14.7 4. Letter from Kentucky State Police 5. Kentucky Department of Corrections Memorandum of Understanding 6. Dismas Charities Website - http://www.dismas.com/about/prea <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator 3. Assistant Director 4. Resident Monitors 5. Kentucky Department of Corrections Investigator (Phone Interview) <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Dismas Charities policy ensures all allegations of sexual abuse and sexual harassment are immediately investigated. Allegations that appear to be criminal in nature are forwarded to the Kentucky Department of Corrections for investigation. Dismas Charities PREA policy including who is responsible for investigations can be found on their website (http://www.dismas.com/about/prea/). Interviews conducted with the Facility Director/PREA Coordinator and the Agency PREA Coordinator confirmed all allegations of sexual abuse and harassment are investigated by the proper authority.</p> <p>(b) Dismas Charities PREA Policy states that all residents have the right to be safe from sexual abuse and harassment. Their policy discusses how staff will receive allegations and who is responsible for investigations.</p> <p>Dismas Charities policy requires staff to document all incidents of sexual abuse and forward them to the Facility Director/PREA Coordinator.</p> <p>(c) Information on the Dismas Charities website clearly explains who is responsible for</p>

investigations.

Dismas Charities, Inc. ensures that allegations of sexual abuse or sexual harassment are referred for investigation to the appropriate agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior in which case, the allegation is referred for administrative investigation. All allegations are referred for investigation.

Dismas Charities, Inc. will fully assist and support the appropriate agency conducting criminal investigations as requested.

Residents of Dismas Charities, Inc. are encouraged to immediately report allegations of sexually abusive behavior to a staff member they trust, the Director, or via the Resident Kiosk process. All allegations, including third-party reports, are confidential and will be thoroughly investigated.

Third-party allegations on behalf of a resident can be initiated by contacting the PREA Coordinator at 502-387-7745, or by email at info@dismas.com.

You may also report allegations of inmate abuse as below.

To initiate an investigation, please provide information about the incident(s) including: the dates, times, and locations where each incident took place; names of the inmates, staff, or others who were involved; and their identifying information. Any detail you can provide will greatly assist our investigation.

If reporting on behalf of a Federal resident write to one of the following addresses, depending on the type of allegation:

Resident abuse of other Residents:

FEDERAL BUREAU OF PRISONS

NATIONAL PREA COORDINATOR

CORRECTIONAL PROGRAMS DIVISION

320 FIRST ST. NW, ROOM 554

WASHINGTON, DC 20534

Staff abuse of residents:

FEDERAL BUREAU OF PRISONS

OFFICE OF INTERNAL AFFAIRS

320 FIRST ST. NW, ROOM 600

WASHINGTON, DC 20534

If reporting on behalf of a State resident housed within a Department of Corrections facility, you may call the PREA Hotline toll free at 1-833-362-PREA (7732).

Please have any information or evidence available for the investigator who will be assigned to handle the case. False accusations may be prosecuted. All reports are taken seriously and investigated as outlined in PREA.

Allegations will be investigated based on client status. Federal Bureau of Prison clients may be investigated by agency or bureau investigators depending on allegations. Department of Corrections clients may be investigated by agency or DOC investigators depending on

allegations. All allegations found to be criminal in nature will be referred to local law enforcement for investigation and prosecution if warranted.

(d,e) Auditor is not required to audit these provisions

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.231	Employee training
	<p data-bbox="252 168 927 201">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 246 520 280">Auditor Discussion</p> <p data-bbox="252 324 1453 403">Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="252 443 1430 1070" style="list-style-type: none"> <li data-bbox="252 443 983 477">1. Dismas Charities, St. Patrick Pre-Audit Questionnaire <li data-bbox="252 517 1430 595">2. Dismas Charities, Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention TRAINING Procedure 24.2 <li data-bbox="252 636 1353 669">3. Dismas Charities, PERSONNEL policy EMPLOYEE ORIENTATION Procedure 2.3 <li data-bbox="252 710 1414 743">4. Dismas Charities, PERSONNEL policy SEXUAL ABUSE INFORMATION Procedure 2.6 <li data-bbox="252 784 1362 862">5. Dismas Charities, Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention <li data-bbox="252 902 1015 936">6. Dismas Charities, Initial Employee Orientation Checklist <li data-bbox="252 976 978 1010">7. Dismas Charities, ANNUAL REFRESHER TRAINING <li data-bbox="252 1050 810 1084">8. Dismas Charities, Staff Training Record <p data-bbox="252 1124 403 1158">Interviews:</p> <ol data-bbox="252 1198 866 1366" style="list-style-type: none"> <li data-bbox="252 1198 866 1232">1. Facility Director/PREA Compliance Manager <li data-bbox="252 1272 624 1305">2. Assistant Facility Director <li data-bbox="252 1346 616 1379">3. Random Staff Interviews <p data-bbox="252 1420 592 1453">Site Review Observations:</p> <p data-bbox="252 1494 927 1527">Observations during on-site review of physical plant</p> <p data-bbox="252 1568 1477 1760">(a) Dismat Charities provides all staff with training which includes their zero tolerance policy, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies, residents' right to be free from sexual abuse and sexual harassment, the right of residents and employees to be free from retaliation for reporting abuse and all other components of this standard.</p> <p data-bbox="252 1800 1477 1960">(b) Dismat Charities staff receives training tailored to the gender of the residents, the St. Patrick Facility is a male only facility and training records reviewed demonstrated a distinction in training. All staff receives this training regardless of whether or not they are reassigned from another facility.</p> <p data-bbox="252 2000 1445 2123">(c) All current employees who have contact with residents have received training. A review of the staff training records and random staff interviews confirm training was received. Additionally, PREA standards are reviewed at monthly staff meetings.</p>

(d) Dismas Charities provided training reports which verify they have received the information and understand the training they have received. Upon completion of the lesson plan, staff is required to complete a test over the material. Staff interviews confirmed this process.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities, St. Patrick Pre-Audit Questionnaire 2. Dismas Charities, Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention TRAINING Procedure 24.2 3. Dismas Charities, PERSONNEL policy SEXUAL HARRASSMENT Procedure 2.K 4. Dismas Charities, PERSONNEL policy USE OF VOLUNTEERS Procedure 2.C 5. Dismas Charities, Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention 6. Dismas Charities Volunteer Application that includes VOLUNTEER RULES <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Coordinator 2. Agency PREA Coordinator 3. Food Service Supervisor 4. Contract Medical Staff <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Dismas Charities ensures that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All volunteers and contractors are provided information based on the level of services they provide and the level of contact that they will have with the residents. Interviews conducted confirmed that volunteers and contractors received this information prior to entering the facility.</p> <p>(b) All volunteers and contractors who have contact with residents have been notified of the agency’s zero-tolerance policy regarding sexual abuse and harassment. Volunteers and contractors are informed how to report such incidents. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents and their training is tailored during orientation.</p> <p>(c) Dismas Charities maintains documentation confirming that volunteers and contractors understand the training they have received. Upon receipt of the PREA information, volunteers</p>

and contractors are required sign and acknowledge they understand the material. Due to COVID most volunteer have been suspended. The Agency PREA Coordinator and Facility Director explained that refresher training will be provided to all volunteers before allowing them to return to the facility.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities St. Patrick Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-TRAINING Procedure 24.2 3. Dismas Charities PROGRAMS-INDIVIDUAL ORIENTATION Procedure 10.3 4. Dismas Charities REFERRAL AND INTAKE PROCESSING-ADMISSION Procedure 9.2 5. Dismas Charities Sexual Abuse/Harassment/Misconduct Prevention Intervention Statement For Residents 6. Dismas Charities Initial PREA Screening Questionnaire 7. Dismas Charities SEARCHES AND CONTRABAND 8. Dismas Charities Resident Acknowledgement Sexual Abuse/Harassment/Misconduct Prevention Intervention 9. PREA Informational Posters and Brochures <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Coordinator 2. Agency PREA Coordinator 3. Resident Counselor 4. Resident Interviews <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) During intake, residents receive and sign a Resident Acknowledgement of Sexual Abuse, Harassment, and Misconduct which explains Dismas Charities' zero-tolerance policy towards sexual abuse and sexual harassment. Although resident and staff interview confirm residents receive this information at intake, documentation was missing from several resident files. This was discussed with the Facility Director and corrected during the on-site visit.</p> <p>(b) Dismas Charities provides education to residents about their rights to be free from sexual abuse and sexual harassment. The education, resident handbook and other materials include their rights to be free from retaliation for reporting such incidents and that cases of sexual assault will be reported to the Facility Director for investigation.</p>

(c) Within 30 days and during regular sessions with Resident Counselors, all residents receive additional education and orientation, resident interviews confirmed residents receive and understand PREA education and materials that has been provided.

(d) Dismas Charities provides resident education in formats accessible to all residents including those who are limited English proficient. Information is also available for residents who are deaf, those who are visually impaired, those who are otherwise disabled and residents who have limited reading skills.

(e) Dismas Charities maintains documentation of resident participation in the PREA education in the resident file.

(f) Dismas Charities provides additional educational materials in the resident dorms in the form of posters. Random interviews and the facility tour confirmed the existence of additional materials in most areas.

Corrective Action

During intake, residents receive and sign a Resident Acknowledgement of Sexual Abuse, Harassment, and Misconduct which explains Dismas Charities' zero-tolerance policy towards sexual abuse and sexual harassment. Although resident and staff interview confirm residents receive this information at intake, documentation was missing from several resident files. This was discussed with the Facility Director and corrected during the on-site visit.

115.234	Specialized training: Investigations
	<p data-bbox="252 168 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 244 520 280">Auditor Discussion</p> <p data-bbox="252 322 1453 400">Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="252 441 1445 808" style="list-style-type: none"> <li data-bbox="252 441 975 477">1. Dismas Charities St. Patrick Pre-Audit Questionnaire <li data-bbox="252 512 1445 591">2. Kentucky Department of Corrections Training-Employee Training Application/Completion-course: PREA INVESTIGATOR COURSE <li data-bbox="252 627 1102 663">3. Kentucky Department of Corrections PREA Reporting Protocol <li data-bbox="252 698 1190 734">4. Kentucky Department of Corrections Memorandum of Understanding <li data-bbox="252 770 847 806">5. Specialized Investigative Training Records <p data-bbox="252 846 403 882">Interviews:</p> <ol data-bbox="252 922 927 1104" style="list-style-type: none"> <li data-bbox="252 922 743 958">1. Facility Director/PREA Coordinator <li data-bbox="252 994 639 1030">2. Agency PREA Coordinator <li data-bbox="252 1066 927 1102">3. Kentucky Department of Corrections Investigator <p data-bbox="252 1144 611 1180">Site Review Observations:</p> <p data-bbox="252 1220 927 1256">Observations during on-site review of physical plant</p> <p data-bbox="252 1296 1466 1541">(a) Dismas Charities ensures that its Facility Directors have received training in conducting sexual abuse investigations in confinement settings; The Facility Director is responsible for receiving all allegations of sexual abuse and sexual harassment. Based on the allegation, the Facility Director will refer the case to the Kentucky Department of Corrections for a criminal investigation. Facility Staff interviews confirmed they have received additional training in accordance with their job responsibilities.</p> <p data-bbox="252 1581 1485 1740">(b) Specialized training includes techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Investigative staff was knowledgeable about the training they received.</p> <p data-bbox="252 1780 1374 1859">(c) Dismas Charities maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p data-bbox="252 1899 898 1935">(d) Auditor is not required to audit this provision</p> <p data-bbox="252 1975 1337 2054">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)-(d) Dismas Charities, Inc. St. Patrick does NOT employ full- or part-time medical or mental health practitioners.

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="252 168 925 201">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 246 518 280">Auditor Discussion</p> <p data-bbox="252 324 1452 403">Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="252 436 1452 884" style="list-style-type: none"> <li data-bbox="252 436 973 470">1. Dismas Charities St. Patrick Pre-Audit Questionnaire <li data-bbox="252 504 1428 593">2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-Training Procedure 24.2 <li data-bbox="252 627 1276 660">3. Dismas Charities PROGRAMS-INDIVIDUAL ORIENTATION Procedure 10.3 <li data-bbox="252 694 1452 728">4. Dismas Charities PROGRAMS-PROGRAM PLANNING AND PROGRESS Procedure 10.4 <li data-bbox="252 761 1436 795">5. Dismas Charities REFERRAL AND INTAKE PROCESSING-ADMISSIONS Procedure 9.2 <li data-bbox="252 840 1005 873">6. Dismas Charities Initial PREA Screening Questionnaire <p data-bbox="252 918 399 952">Interviews:</p> <ol data-bbox="252 985 742 1254" style="list-style-type: none"> <li data-bbox="252 985 742 1019">1. Facility Director/PREA Coordinator <li data-bbox="252 1064 638 1097">2. Agency PREA Coordinator <li data-bbox="252 1142 542 1176">3. Resident Counselor <li data-bbox="252 1209 550 1243">4. Resident Interviews <p data-bbox="252 1288 598 1321">Site Review Observations:</p> <p data-bbox="252 1355 925 1400">Observations during on-site review of physical plant</p> <ol data-bbox="252 1433 1484 2128" style="list-style-type: none"> <li data-bbox="252 1433 1436 1512">(a) During the intake process St. Patrick Facility staff assesses all residents for their risk of being sexually abused by other residents or sexually abusive toward other residents. <li data-bbox="252 1545 1444 1668">(b) Interviews conducted with staff indicate intake screenings are typically completed within two hours to four hours of arrival but definitely take place within 72 hours of arrival at the facility. Random resident interviews confirmed this process is being completed. <li data-bbox="252 1702 1484 1780">(c) The PREA screening assessments are conducted using an objective screening instrument which was verified by the auditor during the onsite visit. <li data-bbox="252 1814 1484 2128">(d) Dismas Charities intake screening instrument considers whether the resident has a mental, physical, or developmental disability, assess residents for risk of sexual victimization, the age of the resident, the physical build of the resident, whether the resident has previously been incarcerated, whether the resident's criminal history is exclusively nonviolent, whether the resident has prior convictions for sex offenses against an adult or child, whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, has previously experienced sexual victimization, the residents' own perception

of vulnerability and whether the resident is detained solely for civil immigration purposes.

(e) When assessing residents for risk of being sexually abusive, the resident's initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse.

(f) Within a set time period not more than 30 days from the resident's arrival at the facility, the resident's assigned Resident Counselors reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. It was confirmed during Resident Counselor and Resident interviews that this reassessment is being completed every two weeks during regular visits between Residents and Counselors

(g) Dismas Charities reassesses a resident's risk level when warranted due to a: referral, request, or incident of sexual abuse and receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

(h) Dismas Charities does not discipline residents for refusing to answer, or for not disclosing complete information in response to the risk screening questions. Interviews conducted with staff reiterated that residents would be not disciplined for refusing to answer the screening questions.

(i) Dismas Charities has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited. Information is maintained in their resident file and kept in a restricted area and is only accessible to authorized staff. Ten (10) file reviews were completed documentation of intake PREA assessments was found to be completed properly filed.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.242	Use of screening information
	<p data-bbox="252 165 895 199">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 244 520 277">Auditor Discussion</p> <p data-bbox="252 322 1453 400">Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="252 439 1453 882" style="list-style-type: none"> <li data-bbox="252 439 975 472">1. Dismas Charities St. Patrick Pre-Audit Questionnaire <li data-bbox="252 510 1430 589">2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-Training Procedure 24.2 <li data-bbox="252 627 1278 660">3. Dismas Charities PROGRAMS-INDIVIDUAL ORIENTATION Procedure 10.3 <li data-bbox="252 698 1453 732">4. Dismas Charities PROGRAMS-PROGRAM PLANNING AND PROGRESS Procedure 10.4 <li data-bbox="252 770 1437 804">5. Dismas Charities REFERRAL AND INTAKE PROCESSING-ADMISSIONS Procedure 9.2 <li data-bbox="252 842 1007 875">6. Dismas Charities Initial PREA Screening Questionnaire <p data-bbox="252 920 405 954">Interviews:</p> <ol data-bbox="252 992 743 1249" style="list-style-type: none"> <li data-bbox="252 992 743 1025">1. Facility Director/PREA Coordinator <li data-bbox="252 1064 639 1097">2. Agency PREA Coordinator <li data-bbox="252 1135 544 1169">3. Resident Counselor <li data-bbox="252 1207 552 1240">4. Resident Interviews <p data-bbox="252 1285 596 1319">Site Review Observations:</p> <p data-bbox="252 1357 927 1391">Observations during on-site review of physical plant</p> <p data-bbox="252 1429 1485 1686">(a) Dismas Charities uses information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: housing assignments, bed assignments, work assignments, education assignments and program assignments. Interview with the Facility Director/PREA Coordinator and Resident Counselors responsible for risk screening confirmed how the screening information is utilized.</p> <p data-bbox="252 1720 1445 1888">(b) Dismas Charities makes an individualized, case-by-case determination about how to ensure the safety of each resident based on information gathered during the risk screening. The Facility Director/PREA Coordinator and random staff interviews confirmed that all information gathered is used to ensure the safety of each resident.</p> <p data-bbox="252 1921 1453 2045">(c) When deciding whether to assign a transgender or intersex resident to the facility the Facility Director determines the residents housing assignment after consulting with Resident Counselors and reviewing resident records and an interview with the resident.</p> <p data-bbox="252 2078 1461 2112">(d) Dismas Charities policy requires that placement and programming assignments for each</p>

transgender or intersex resident is reassessed at least once per year.

(e) Resident Counselors meet with transgender or intersex individuals to discuss the residents' own views with respect to his or her own safety and will give serious consideration when making facility and housing placement decisions and programming assignments.

(f) Transgender residents at the St. Patrick Facility have the opportunity to shower separately from other residents.

(g) Dismas Charities does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. The St. Patrick Facility does not have a dedicated unit or wing solely on the basis of identification or status.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities St. Patrick Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention- PREVENTION AND REPORTING Procedure 24.3 3. Dismas Charities Sexual Abuse/Harassment/Misconduct Prevention Intervention Statement for Residents 4. Dismas Charities Resident Acknowledgement Sexual Abuse/Harassment/Misconduct Prevention Intervention 5. PREA Informational Posters and Brochures (English and Spanish) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff Interviews 2. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The St. Patrick Facility provides multiple internal and external ways for residents to privately report sexual abuse and sexual harassment. Information is provided at intake and posted in all resident dorms and common areas. Reports may be made verbally to a staff member or in writing to a supervisory or management staff. Phone numbers are provided for local law enforcement and the Kentucky Department of Corrections to report outside the facility. Residents were aware of all reporting options during interviews. The "PREA Hotline" was tested while on site and worked as described to the residents.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.252	Exhaustion of administrative remedies
	<p data-bbox="252 168 893 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 518 280">Auditor Discussion</p> <p data-bbox="252 324 1452 403">Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="252 436 1420 739" style="list-style-type: none"> <li data-bbox="252 436 965 470">1. Dismas Charities St. Patrick Pre-Audit Questionnaire <li data-bbox="252 504 1420 593">2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3 <li data-bbox="252 627 869 660">3. Dismas Charities GRIEVANCE PROCEDURE <li data-bbox="252 694 1252 728">4. Dismas Charities ADMINISTRATIVE REMEDY-GRIEVANCE PROCEDURE <p data-bbox="252 772 399 806">Interviews:</p> <ol data-bbox="252 840 861 1030" style="list-style-type: none"> <li data-bbox="252 840 861 884">1. Facility Director/PREA Compliance Manager <li data-bbox="252 918 526 952">2. Assistant Director <li data-bbox="252 985 670 1019">3. Random Resident Interviews <p data-bbox="252 1064 606 1097">Site Review Observations:</p> <p data-bbox="252 1142 925 1176">Observations during on-site review of physical plant</p> <ol data-bbox="252 1209 1484 2139" style="list-style-type: none"> <li data-bbox="252 1209 1452 1288">(a) Dismas Charities permits residents to submit grievances regarding allegations of sexual abuse without any type of time limits. <li data-bbox="252 1321 1452 1400">(b) Dismas Charities does not require residents to use an informal grievance process, or to otherwise attempt to resolve incidents of sexual abuse. <li data-bbox="252 1433 1484 1556">(c) Dismas Charities ensures an resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and the grievance is not referred to the staff member who is the subject of the complaint. <li data-bbox="252 1590 1484 1937">(d) Dismas Charities issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance, the 90-day time period does not include time consumed by residents in preparing any appeal. When the normal time period for response is insufficient to make an appropriate decision, Dismas Charities notifies the resident in writing of the extension and provides a date when a decision will be made. Dismas Charities policy states that if the resident does not receive a response within the time allotted for reply, including any properly noted extension the resident may consider the absence of a response to be a denial at that level. <li data-bbox="252 1971 1452 2139">(e) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates are permitted to assist residents in filing grievances relating to allegations of sexual abuse or file such requests on behalf of residents. If the resident declines to have the request processed on his or her behalf the agency document the residents' decision.

(f) Dismas Charities has established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to substantial risk of imminent sexual abuse, the agency immediately forwards the grievance to Facility Director/PREA Compliance Manager for review. The Facility Director provides an initial response within 48 hours and issues a final decision within 5 calendar days. The initial response and final decision are documented and placed in the resident's file.

(g) The Dismas Charities does not discipline residents for filing a grievance related to alleged sexual abuse unless the facility demonstrates the grievance was deliberately filed in bad faith.

The Dismas Charities St. Patrick Facility reported no grievances related to sexual abuse or harassment for the past 12 months.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities St. Patrick Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTIONAND REPORTING Procedure 24.3 3. Dismas Charities Resident Acknowledgement Sexual Abuse/Harassment/Misconduct Prevention and Intervention 4. PREA Informational Posters and Brochures 5. MOU - The Center for Women and Families <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Random staff interviews 3. Random resident interviews <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Dismas Charities provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers, of local, State, or national victim advocacy or rape crisis organizations, this information is located in the PREA pamphlet provided at intake and on posters in each dorm and in common areas.</p> <p>(b) Dismas Charities informs residents that communication with outside resources is confidential unless otherwise indicated by the provider.</p> <p>(c) Dismas Charities has an agreement with <u>The Center for Women and Families</u> to provide residents with confidential emotional support services related to sexual abuse. Random staff and residents were able to provide information about how to contact outside support services.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities St. Patrick Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTIONAND REPORTING Procedure 24.3 3. PREA Informational Posters and Brochures <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Random Staff Interviews 3. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>(a,b) Dismas Charities accepts and investigates third-party reports of sexual abuse and harassment. Information is posted in the facility and available on the Dismas Charities website. (http://www.dismas.com/about/prea/) Staff and resident interviews showed an understanding of this standard. Residents felt that third party reports would be investigated.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.261	Staff and agency reporting duties
	<p data-bbox="252 165 895 199">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 244 520 277">Auditor Discussion</p> <p data-bbox="252 322 1453 400">Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="252 439 1461 891" style="list-style-type: none"> <li data-bbox="252 439 975 472">1. Dismas Charities St. Patrick Pre-Audit Questionnaire <li data-bbox="252 510 1430 589">2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3 <li data-bbox="252 627 1461 705">3. Dismas Charities Sexual Abuse/Harassment/Misconduct Prevention Intervention Statement for Residents <li data-bbox="252 743 1398 822">4. Dismas Charities Resident Acknowledgement Sexual Abuse/Harassment/Misconduct Prevention Intervention <li data-bbox="252 860 850 893">5. PREA Informational Posters and Brochures <p data-bbox="252 931 403 965">Interviews:</p> <ol data-bbox="252 1003 866 1189" style="list-style-type: none"> <li data-bbox="252 1003 866 1037">1. Facility Director/PREA Compliance Manager <li data-bbox="252 1075 639 1108">2. Agency PREA Coordinator <li data-bbox="252 1146 616 1180">3. Random Staff Interviews <p data-bbox="252 1218 595 1252">Site Review Observations:</p> <p data-bbox="252 1290 927 1323">Observations during on-site review of physical plant</p> <p data-bbox="252 1361 1469 1839">(a) Dismas Charities requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. It also requires staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment. Lastly, staff must report immediately and according to any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. Interviews conducted with staff showed they understood their duty to report any instances or suspected instances of sexual abuse. Staff was also aware of their duty not to discuss the allegations with anyone not directly involved in the response and investigation.</p> <p data-bbox="252 1877 1477 2085">(b) Apart from reporting to the Facility Director, St. Patrick Facility staff refrains from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The staff was able to clearly articulate during the interviews the importance of keeping the information confidential.</p> <p data-bbox="252 2123 1054 2157">(c) The St. Patrick Facility does not have onsite medical staff.</p>

(d) The St. Patrick Facility does not house residents under the age of 18, if the victim is considered a vulnerable adult staff must report the allegation to the designated State or local services agency under applicable mandatory reporting laws

(e) St. Patrick Facility staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Facility Director/PREA Compliance Manager or designee for investigation. Staff interviewed were aware of their reporting responsibilities.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <p>1. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention- PREVENTION AND REPORTING Procedure 24.3</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator 3. Random Staff Interviews <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) According to Dismas Charities' policy, when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, staff will take immediate action to protect the resident. The St. Patrick Facility reported no instances of substantial risk of imminent sexual abuse during the reporting period. Interviews with the Facility Director/PREA Compliance Manager indicated any information received that alleges a resident is at substantial risk of imminent sexual abuse would require immediate removal and isolation of the threat.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <p>1. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention- PREVENTION AND REPORTING Procedure 24.3</p> <p>Interviews:</p> <p>1. Facility Director/PREA Compliance Manager</p> <p>2. Agency PREA Coordinator</p> <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Dismas Charities policy states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The St. Patrick Facility indicated that in the previous 12 months they had not received any reports in which a resident alleges they were sexually abuse while being housed at another facility.</p> <p>(b) Dismas Charities policy states that within 72 hours of receipt of an allegation a resident was sexually abused while confined at another facility, the receiving Facility Director will notify the Warden/Director of the facility where the incident was alleged to have occurred. Such notifications shall be documented and maintained in the resident's file.</p> <p>(c) Dismas Charities documents all such notifications</p> <p>(d) The Facility Director will initiate an investigation on all notifications of reported sexual abuse or harassment they receive from another facility. In the previous 12 months the St. Patrick Facility received zero (0) reports from another facility in which a Resident alleged sexually abuse while housed at the facility.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention- PREVENTION AND REPORTING Procedure 24.3 2. Dismas Charities laminated response card titled “1st Responder PREA Protocols” <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator 3. Random Staff Interviews <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Dismas Charities staff upon learning of an allegation that a resident was sexually abused, and is the first security staff member to respond to the report is required to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence and ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence. Random staff interviews validated their knowledge of actions to be taken upon learning that a resident was sexually abused and could describe the steps outlined in Dismas Charities policy. A review of training documentations confirmed staff had been trained in their responsibilities as first responders and have been provided.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities St. Patrick Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-RESPONSE PROCEDURES Procedure 24.4 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator 3. Random Staff Interviews <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Dismas Charities policy provides a written coordinated response at the facility to coordinate actions taken in response to an incident of sexual abuse and the notification procedures among staff first responders, administration, central office, investigators, and victim advocate services.</p> <p>Interviews with the Facility Director and other random staff show knowledge of their duties to coordinate actions taken in response to a sexual abuse allegation. Also, all staff carries a PREA Response Card and have access to Dismas Charities' PREA Response Policy which details the steps to take in response to a sexual abuse allegation.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities provided the following documents to assist the auditor in determining compliance with the standard:</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The St. Patrick Facility has space and ability to protect residents from known abusers. Dismas Charities employees are not covered by a collective bargaining agreement. Nothing in policy prevents administrative staff from removing an employee during an investigation.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.267 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Dismas St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:

- 1. Dismas Charities St. Patrick Pre-Audit Questionnaire**
- 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention PROTECTION AGAINST RETALIATION Procedure 24.6**

Interviews:

- 1. Facility Director/PREA Compliance Manager**
- 2. Assistant Facility Director**
- 3. Random Staff Interviews**

Site Review Observations:

Observations during on-site review of physical plant

- (a) Dismas Charities policy outlines a process to protect all residents and staff that report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, and shall designate which staff members or departments are charged with monitoring retaliation. The Facility Director/PREA Compliance Manager or designee is responsible for monitoring.**
- (b) Dismas Charities has multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.**
- (c) The Facility Director/PREA Compliance Manager or designee will for at least 90 days following a report of sexual abuse, monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. The Facility Director/PREA Compliance Manager or designee also monitors any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The Facility Director/PREA Compliance Manager or designee may continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.**
- (d) The Facility Director/PREA Compliance Manager or designee conducts status checks and that information is documented and maintained in the residents file.**
- (e) The Facility Director/PREA Compliance Manager or designee also monitors any individual who cooperates with an investigation and who expresses a fear of retaliation, and they will**

take appropriate measures to protect that individual against retaliation.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.271	Criminal and administrative agency investigations
	<p data-bbox="252 165 895 199">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 244 520 277">Auditor Discussion</p> <p data-bbox="252 322 1453 400">Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="252 439 1409 734" style="list-style-type: none"> <li data-bbox="252 439 975 472">1. Dismas Charities St. Patrick Pre-Audit Questionnaire <li data-bbox="252 510 1409 589">2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention INVESTIGATIONS Procedure 24.5 <li data-bbox="252 627 855 660">3. PREA Informational Posters and Brochures <li data-bbox="252 698 1190 732">4. Kentucky Department of Corrections Memorandum of Understanding <p data-bbox="252 775 403 808">Interviews:</p> <ol data-bbox="252 846 743 1032" style="list-style-type: none"> <li data-bbox="252 846 743 880">1. Facility Director/PREA Coordinator <li data-bbox="252 918 639 952">2. Agency PREA Coordinator <li data-bbox="252 990 639 1023">3. Kentucky DOC Investigator <p data-bbox="252 1066 608 1099">Site Review Observations:</p> <p data-bbox="252 1142 927 1176">Observations during on-site review of physical plant</p> <p data-bbox="252 1218 1350 1296">(a) Dismas Charities policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p data-bbox="252 1335 1437 1458">(b) Where sexual abuse is alleged, the St. Patrick Facility uses investigators who have received specialized training in sexual abuse investigations as required by 115.234 and the Facility Director will be notified immediately.</p> <p data-bbox="252 1496 1461 1697">(c) Kentucky DOC Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. All reports will be provided to the Kentucky DOC Investigators as soon as possible.</p> <p data-bbox="252 1736 1430 1814">(d) Kentucky DOC Investigators are responsible for the criminal investigations that maybe referred for prosecution.</p> <p data-bbox="252 1852 1461 2011">(e) An interview conducted with the Facility Director confirms that the credibility of an alleged victim, suspect or witness is on an individual basis and not on the basis of that individual's status as a resident or staff. Dismas Charities investigates all allegations of sexual abuse and may refer matters to the Kentucky DOC as warranted.</p> <p data-bbox="252 2049 1461 2128">(f) Dismas Charities conducts administrative investigations in an effort to determine whether staff actions or failures to act contributed to the abuse. All reports include a description of the</p>

physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and finding.

(g) St. Patrick Facility staff provides written report that contains a thorough description of physical, testimonial, and documentary evidence and to the Facility Director/PREA Coordinator.

(h) Dismas Charities retains all written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

(i) Dismas Charities policy states the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

(j) Not required to audit this provision

(k) Dismas Charities provides all of their internal reports to the Kentucky DOC Investigators as soon as possible following an allegation. Dismas Charities staff cooperates with investigators as requested.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities St. Patrick Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention INVESTIGATIONS Procedure 24.5 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Kentucky DOC Investigator <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Dismas Charities policy requires that a facility investigate the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. The Kentucky DOC Investigator and/or Facility Director/PREA Compliance Manager investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated, unsubstantiated or unfounded.</p> <p>Interviews with the Kentucky DOC Investigator and/or Facility Director/PREA Compliance Manager indicated they conduct fact finding investigations and make conclusions following their investigations and determine the best course of action based on the preponderance of evidence.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:

1. Dismas Charities St. Patrick Pre-Audit Questionnaire
2. Dismas Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention INVESTIGATIONS Procedure 24.5

Interviews:

1. Facility Director/PREA Compliance Manager
2. Kentucky DOC Investigator

Site Review Observations:

Observations during on-site review of physical plant

(a) Following an investigation into an resident's allegation that he suffered sexual abuse the Dismas Charities informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The notification is in writing regardless of the outcome of the investigation.

(b) The Facility Director/PREA Compliance Manager requests relevant information from investigators in order to inform the resident.

(c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the Facility Director/PREA Compliance Manager will subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

(d) Following an resident's allegation that he has been sexually abused by another resident, the Facility Director/PREA Compliance Manager will inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or staff learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

(e) All such notifications or attempted notifications are documented and the notifications are kept in the investigative file.

(f) Auditor is not required to audit this provision

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.



115.276 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:

- 1. Completed Dismas Charities St. Patrick Pre-Audit Questionnaire**
- 2. Dismas Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DISCIPLINE FOR VIOLATING SEXUAL ABUSE/HARASSMENT POLICIES OR PROCEDURES Procedure 24.7**
- 3. Dismas Charities Employee Handbook-Corrective Action Page #40**
- 4. Dismas Charities Human Resources Policies and Procedures Manual-DISCIPLINARY PROCEDURECORRECTIVE ACTION Page #57**
- 5. Dismas Charities Human Resources Policies and Procedures Manual-STAFF DISCIPLINARY Page #58 and #59**

Interviews:

- 1. Facility Director/PREA Compliance Manager**
- 2. Assistant Facility Director**
- 3. Random Staff Interviews**

Site Review Observations:

Observations during on-site review of physical plant

- (a) Dismas Charities policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment policies.**
- (b) Dismas Charities policy states termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.**
- (c) Dismas Charities policy states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.**
- (d) The terminations for violations of agency sexual abuse and harassment or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.**

Based upon the review and analysis of all of the available evidence, the auditor has

determined that the agency is fully compliant with this standard.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Completed Dismas Charities St. Patrick Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DISCIPLINE FOR VIOLATING SEXUAL ABUSE/HARASSMENT POLICIES OR PROCEDURES Procedure 24.7 3. Dismas Charities Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Assistant Facility Director <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Dismas Charities policy states contractors and volunteers who engage in sexual abuse are prohibited from contact with residents and shall be reported to law enforcement agencies and relevant licensing bodies.</p> <p>(b) Dismas Charities policy states contractors and volunteers who engage in sexual abuse are prohibited from contact with residents and shall be reported to law enforcement agencies and relevant licensing bodies.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="252 165 895 199">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 244 520 277">Auditor Discussion</p> <p data-bbox="252 322 1453 400">Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="252 439 1474 745" style="list-style-type: none"> <li data-bbox="252 439 975 472">1. Dismas Charities St. Patrick Pre-Audit Questionnaire <li data-bbox="252 510 1474 629">2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention- DISCIPLINE FOR VIOLATING SEXUAL ABUSE/HARASSMENT POLICIES OR PROCEDURES Procedure 24.7 <li data-bbox="252 667 1390 745">3. Dismas Charities Resident Acknowledgement Sexual Abuse/Harassment/Misconduct Prevention Intervention <p data-bbox="252 786 403 819">Interviews:</p> <ol data-bbox="252 860 743 1039" style="list-style-type: none"> <li data-bbox="252 860 743 893">1. Facility Director/PREA Coordinator <li data-bbox="252 931 639 965">2. Agency PREA Coordinator <li data-bbox="252 1003 555 1037">3. Resident Interviews <p data-bbox="252 1077 596 1111">Site Review Observations:</p> <p data-bbox="252 1151 927 1184">Observations during on-site review of physical plant</p> <p data-bbox="252 1225 1482 1431">(a) Residents at the St. Patrick Facility are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Residents are made aware of the disciplinary process during the intake process.</p> <p data-bbox="252 1471 1461 1590">(b) The St. Patrick Facility resident rule book reflects that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p data-bbox="252 1630 1466 1749">(c) Dismas Charities disciplinary process considers whether an resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="252 1789 1398 1908">(d) The St. Patrick Facility is a short term facility and does not provide therapy or other counseling services. If needed, residents will be transferred to another facility that does provide those services. Dismas Charities does offer intervention services.</p> <p data-bbox="252 1948 1417 2027">e) The St. Patrick Facility will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p data-bbox="252 2067 1449 2145">(f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely</p>

reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

(g) Dismas Charities has a zero tolerance policy concerning sexual contact.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities St. Patrick Pre-Audit Questionnaire 2. Dismas Charities Sexual Abuse/Harassment/Misconduct Prevention Intervention Statement For Residents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Coordinator 2. Agency PREA Coordinator 3. Acting PREA Compliance Manager <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Dismas Charities policy states resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>(b) All St. Patrick Facility staff are trained and act as security staff first responders, if no qualified medical or mental health practitioners are available at the time a report of recent abuse is made, the security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>(c) St. Patrick Facility staff confirmed that resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>(d) Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities St. Patrick Pre-Audit Questionnaire 2. Dismas Charities MEDICAL SERVICES Procedure 13.B 3. Dismas Charities Sexual Abuse/Harassment/Misconduct Prevention Intervention Statement For Residents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Coordinator 2. Agency PREA Coordinator <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Whenever an employee knows or suspects, or receives an allegation from any source regarding patient sexual abuse, the employee will immediately notify the Responsible Health Authority.</p> <p>(b) Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate.</p> <p>(c) Victims of sexual abuse will be referred to a community facility or local emergency room for treatment or gathering of forensic evidence.</p> <p>(d) This portion of the standard is non-applicable; St. Patrick Facility is an all-male facility.</p> <p>(e) This portion of the standard is non-applicable; St. Patrick Facility is an all-male facility.</p> <p>(f) Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>(g) Medical co-payment fees are not imposed to residents for any medical services.</p> <p>(h) Mental Health - After any emergency treatment is provided, health care staff will notify mental health staff of event. An immediate referral, including after hours, is the preferred referral format in case of an abuse.</p> <p>Dismas Charities staff had protocols in place to assist in expediting a resident to University of Louisville Medical Center for emergency services. Also, facility staff will contact The Center for Women and Families to provide a victim advocate upon request from the resident during the</p>

forensic medical examination. The facility has available the contact information for residents to call or write for additional assistance as needed.

Interviews with staff confirmed that residents (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Facility staff indicated that services begin immediately upon notification of a victim of sexual abuse from the supervisor or any other staff to contact the hospital and medical practitioner. All notifications are completed to the appropriate individuals and to follow the medical staff's directive regarding any forensic examination. Random staff interviews indicated the scope of services is in accordance to their professional judgment, policy and any physician orders or protocols. All orders are documented in the residents' health record.

Random staff interviews also indicated that a referral could be made to the hospital to begin any sexually transmitted infection prophylaxis treatment/services and orders for follow-up services. Mental health services would begin when the victim is available once the forensic examination has been completed at the hospital. Random staff interviews indicated mental health staff would see the victim no later than 24 hours of an incident and provide one-on-one counseling and make available outside emotional support services and follow-up care.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.286	Sexual abuse incident reviews
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 520 282">Auditor Discussion</p> <p data-bbox="252 327 1453 405">Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="252 443 1326 591" style="list-style-type: none"> <li data-bbox="252 443 975 477">1. Dismas Charities St. Patrick Pre-Audit Questionnaire <li data-bbox="252 517 1326 591">2. Dismas Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-INCIDENT REVIEWS Procedure 24.8 <p data-bbox="252 633 403 667">Interviews:</p> <ol data-bbox="252 707 743 813" style="list-style-type: none"> <li data-bbox="252 707 743 741">1. Facility Director/PREA Coordinator <li data-bbox="252 781 639 813">2. Agency PREA Coordinator <p data-bbox="252 853 608 887">Site Review Observations:</p> <p data-bbox="252 927 927 960">Observations during on-site review of physical plant</p> <ol data-bbox="252 1001 1477 1839" style="list-style-type: none"> <li data-bbox="252 1001 1477 1122">(a) Dismas Charities policy requires a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. <li data-bbox="252 1162 1310 1196">(b) Reviews ordinarily occur within 30 days of the conclusion of the investigation. <li data-bbox="252 1236 1342 1314">(c) The review team includes the Facility Director/PREA Coordinator, Agency PREA Coordinator and Investigators. <li data-bbox="252 1355 1477 1727">(d) The review team considers whether the allegation and/or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility. The review team examines the area of the facility where the incident occurred to assess whether physical barriers in the area may enable abuse. The review team assesses the adequacy of staffing levels in that area during different shifts and whether monitoring technology should be deployed or augmented to supplement supervision by staff. <li data-bbox="252 1767 1477 1839">(e) Dismas Charities policy requires the implementation of recommendations or documents its reasons for not doing so. <p data-bbox="252 1881 1453 1960">There have been zero (0) allegations of sexual abuse during the audit period which required an after action review.</p> <p data-bbox="252 2000 1334 2078">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities St. Patrick Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DATA COLLECTION, STORAGE AND DISSEMINATION Procedure 24.9 3. Dismas Charities PREA Webpage - http://www.dismas.com/about/prea/ <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Coordinator 2. Agency PREA Coordinator <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) The Facility Director/PREA Coordinator collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions.</p> <p>(b) The Facility Director/PREA Coordinator aggregates the incident-based sexual abuse data at least annually and submits it to the Agency PREA Coordinator to be posted it on the Dismas Charities PREA webpage. (http://www.dismas.com/about/prea/)</p> <p>(c) The incident-based data includes data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>(d) Dismas Charities maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>(e) Dismas Charities obtains incident-based, aggregated data from all facilities which it contracts with for the confinement of its residents.</p> <p>(f) Dismas Charities upon request provides all such data from the previous calendar year to the Department of Justice.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities St. Patrick Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DATA COLLECTION, STORAGE AND DISSEMINATION Procedure 24.9 3. Dismas Charities PREA Webpage - http://www.dismas.com/about/prea/ <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Coordinator 2. Agency PREA Coordinator <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Dismas Charities reviews data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas, taking corrective action on an ongoing basis and prepares an annual report of its findings</p> <p>(b) Dismas Charities annual report includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse</p> <p>(c) The St. Patrick Facility's annual report is reviewed by the Agency PREA Coordinator and made available to the public on the Dismas Charities website. http://www.dismas.com/about/prea/</p> <p>(d) Dismas Charities indicates the reasons for material redacted when it redacts information from the reports were the publication would present a clear and specific threat to the safety and security of a facility.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities St. Patrick Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities St. Patrick Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DATA COLLECTION, STORAGE AND DISSEMINATION Procedure 24.9 3. Dismas Charities PREA Webpage - http://www.dismas.com/about/prea/ <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Coordinator 2. Agency PREA Coordinator <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Dismas Charities reviews data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas, taking corrective action on an ongoing basis and prepares an annual report of its findings</p> <p>(b) Dismas Charities annual report includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse</p> <p>(c) The St. Patrick Facility's annual report is reviewed by the Agency PREA Coordinator and made available to the public on the Dismas Charities website. http://www.dismas.com/about/prea/</p> <p>(d) Dismas Charities indicates the reasons for material redacted when it redacts information from the reports were the publication would present a clear and specific threat to the safety and security of a facility.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.401	Frequency and scope of audits
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 520 282">Auditor Discussion</p> <p data-bbox="252 327 1430 488">The auditor reviewed the Dismas Charities web page (http://www.dismas.com/about/prea/) The page has posted thirty-four (34) audit reports for their thirty-four (34) facilities PREA audits completed through December 2020. Dismas Charities works with Certified PREA auditors to ensure one third of their facilities are audited each year.</p> <p data-bbox="252 573 1477 819">The auditor had access to the entire facility and was able to conduct confidential staff and resident interviews and was provided documentation as need to assess compliance with the standards. Residents were aware they could send confidential correspondence to the auditor. Pre-audit postings were provided to the facility six weeks prior to the audit. Documentation the notices were posted was provide to the auditor and postings were seen in all areas of the facility during the tour.</p> <p data-bbox="252 904 1337 976">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed the Dismas Charities web page (http://www.dismas.com/about/prea/) The page has posted thirty-four (34) audit reports for their thirty-four (34) facilities PREA audits completed through December 2020. Dismas Charities works with Certified PREA auditors to ensure one third of their facilities are audited each year.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes

115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	<p>Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)</p>	<p>yes</p>
	<p>Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)</p>	<p>yes</p>
	<p>If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)</p>	<p>yes</p>

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes

- Redacted Material is proprietary information and the release of such is a security threat to and breach of confidentiality of residents and staff.